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EDITORIALS

INFLUENCE OF "PRE-CONVENTION BULLETIN" AT DEL MONTE SESSION

"Pre-Convention Bulletin" and the Minutes of House of Delegates and Council.—This issue of CALIFORNIA AND WESTERN MEDICINE presents the minutes of recent meetings of the House of Delegates and of the Council of the California Medical Association, and also the reports of its officers and standing committees as printed in the "Pre-Convention Bulletin." It is hoped that the many readers of this journal—as members of the California Medical Association—will take the time, if not to carefully read, to at least scan these presentations of the activities of our state medical association, as reported on for the period of the last year.

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Conclusions to Be Drawn Therefrom.—An inspection of these many reports, no matter in what form, must make it at once apparent: (1) that a vast amount of work is constantly under consideration by the officers and committees of the California Medical Association; and (2) that with whatever honor may be attached to state medical society office-holding as an officer or committeeman goes also a responsibility for service that cannot easily be avoided.

In making possible for the members of the California Medical Association the orientation of

its many professional and organization problems, the "Pre-Convention Bulletin" seems to have been a happy innovation. It was especially valuable to the members of the supreme governing body of the Association—its House of Delegates—because it gave to the delegates that detailed information which it was necessary for them to have when they took up the consideration of the society's business. The "Pre-Convention Bulletin" is also valuable because, through its pages, it at once becomes evident from the nature or lack of proper reports, what officers or committees are seemingly laggard or negligent in their work.

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Day of Make-Believe Medical Organization Is Disappearing.—The day for platitudinous compliment to outgoing officers of a medical society, who may or may not have done their work well, is fortunately rapidly fading into the misty past. Today the world—and the medical profession in its own little world is no exception to the rule—demands real service. That this demand is everywhere so insistently in evidence in medical organizations, bodes well for the morrow in medical practice. Great and grave as are the problems confronting medical practice and organization today, there need be little fear of the outcome, if the guiding policies be outlined and executed by representative and experienced officers and committeemen who place a high grade of service for the profession above self-seeking or personal interests.

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The Del Monte-Fifty-Ninth Annual Session a Happy One.—At the recent Del Monte session—the fifty-ninth of the California Medical Association—the thought was frequently voiced that a splendid mutual understanding seemed to be one of its outstanding characteristics. The reasons for this better understanding may be said to have resulted from the improvement in organization work, whereby members attending the session were able to visualize their problems from the same fundamental background of more accurate knowledge. The California Medical Association may feel grateful that, through the institution of "Pre-Convention Bulletin" and other changes provided in the revised Constitution and By-Laws, it was largely possible to make this fifty-ninth annual session notable for its unity of thought and action. May this year's experience be only the first of many such annual reunions at which such splendid group spirit will be in evidence.

COMMENTS ON SOME WORK PHASES OF THE 1930 DEL MONTE-FIFTY-NINTH ANNUAL SESSION OF THE C. M. A.

Nonattending Members Should Familiarize Themselves With the Proceedings.—Brief comment on some of the many resolutions and subjects considered at the recent session may be of

interest to members of the California Medical Association who were unable to attend the Del Monte meetings, and accordingly are here given. The detailed reports are printed in the regular California Medical Association columns in this issue.

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Next Year's Annual Session to Convene at San Francisco.—Seven years have passed since an annual session of the California Medical Association was held in San Francisco. Next year, however, California Medical Association members again will gather in the city by the Golden Gate. The exact hotel headquarters have not yet been determined, but the time of the meeting has been set for Monday, April 27 to Thursday, April 30, inclusive.

Since the last meeting in San Francisco in the year 1923, many physicians have come to California to join the California Medical Association through its county medical societies. A very considerable number of such colleagues have not visited San Francisco, and will no doubt be very glad of next year's opportunity to partake of the atmosphere which makes San Francisco known everywhere as one of the great cosmopolitan centers of the world. In addition to the usual scientific and social programs, opportunity will be given by the medical schools of the Universities of California and Stanford, and by the Hooper Foundation, for clinics and other demonstrations. Members of the California Medical Association will do well to make a note on their calendars of these dates, and to determine to attend this San Francisco session. It should be our banner year for a record-breaking registration at an annual session.

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Incorporation of the "Trustees of the California Medical Association."—For the last several years the minutes of the House of Delegates and Council have made references to tentative plans for incorporation. More than a half century ago, when our state medical association came into existence, it was incorporated. That incorporation, which was made under the then name of the California Medical Association—"The Medical Society of the State of California"—at the end of fifty years was permitted to lapse. The California Medical Association as it now exists is not incorporated. The name "Medical Society of the State of California"—in order to safeguard and protect the same—was taken over by a subsidiary organization or department of the California Medical Association, namely, that which carries on its Optional Medical Defense.

As stated in the report of the Council, votes of more than two-thirds of the members of the California Medical Association authorized incorporation after the plans discussed by the Council and the House of Delegates at the 1929 San Diego annual session. The final step was taken by the Council at its last meeting at the Del Monte

session, when the Articles of Incorporation were signed. The formal filing was made with the Secretary of State May 8, 1930, when the corporation, "Trustees of the California Medical Association," came into existence. At a special meeting of the Council held at San Francisco May 17, 1930, the by-laws were approved and the organization of the corporation was practically consummated. In proper time a full report on this subject will be made. Among other advantages of such incorporation it will now become possible for all persons wishing to make provision for medical or public health bequests or legacies in their wills to do so in favor of this corporation, in full knowledge that through the same the provisions of such trusts will be faithfully carried out in perpetuity.

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Medical Service Plans.—The publicity given to the various plans which were being studied by the Council of the California Medical Association to give proper medical and surgical care to those lay citizens, who under modern-day living conditions are confronted with incomes of such amounts as to make sickness or injury a most serious drain on financial resources, brought out during the year a very considerable amount of interest and discussion. At this time it is only possible to report that different plans are still being studied, and that no one plan has been sufficiently elaborated to give indication of early adoption. It was first necessary to know exactly what were the legal problems involved, and to that end the opinions of both the general counsel of the California Medical Association and of another noted firm of California barristers were secured.

The studies and reports by Doctors John H. Graves of San Francisco and John C. Ruddock of Los Angeles, to be printed in the July issue of CALIFORNIA AND WESTERN MEDICINE, will bring additional interesting facts and figures to the attention of the profession. The subject of proper medical service for all citizens is of great importance, and the problems involved therein are many and difficult of solution; but it is the intention of the officers of the California Medical Association to carry on as accurate and comprehensive studies as possible in the hope that ways and means may be found for a betterment in the present state of affairs. If those efforts are successful, the county units and the members of the California Medical Association later on will be given full information.

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Formation of a Council on Medical Economics Recommended to the American Medical Association.—A recommendation from the California Medical Association will be submitted to the American Medical Association House of Delegates at its annual session in Detroit, requesting that body to authorize the formation of an Ameri-

can Medical Association Council on Medical Economics. It certainly seems reasonable to expect that our national medical organization will not be averse to deputizing to a committee of its members, to be known as the Council on Medical Economics, the responsibility of getting information and submitting the same to the proper authorities of the American Medical Association so that a more active interest may be taken in these many phases of medical economics, which in many of the state units of the American Medical Association, as well as in lay newspapers and periodicals, and through self-appointed organizations outside the American Medical Association, have been receiving so much attention and publicity.

Why should not the American Medical Association, with its splendid central organization and facilities, take the lead in such an important matter and, through its intimate contacts with the state medical societies, secure coöperation in the study and solution of the serious economic problems which almost everywhere seem to confront medical practice of the today and the tomorrow? If the American Medical Association can have a "Council on Physical Therapy," for instance, why should it hesitate to have a "Council on Medical Economics," which could make surveys and reports on the matters coming within such a jurisdiction? The California delegates to the American Medical Association have been instructed to present at the Detroit session of the American Medical Association the proper resolutions and amendments for the formation of such a council.* We shall await with interest the action of that organization thereon.

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Resolutions Concerning Treatment of Narcotic Addicts.—One of the resolutions makes the suggestion that the Committee on Public Policy and Legislation of the California Medical Association take steps at the 1931 session of the legislature to bring into being such amendments of our state laws as would make possible the appointment of a "medical narcotic commission." Under present conditions, the California laws, if stringently and literally construed by the lay directors and inspectors having charge of this work, are of such form as to easily subject to arrest, and to resultant humiliation and disgrace, any medical man who gives treatment to a border-line narcotic patient. Such a state of affairs is obnoxious to the interests of the public health and of the medical profession and should be properly modified. Members of the Association who are interested should feel free to communicate any suggestions to the chairman or members of the State Committee on Public Policy and Legislation. (See front-page index for proper reference page, for personnel of all committees.)

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Suggestion of the Committee on Public Policy and Legislation.—The report of the Committee

* See Medical Economics column in this issue.

on Public Policy and Legislation ends with the statement that 1930 is a state election year. In other words, many candidates for the state legislature, in either the senate or assembly, who will submit their names in the primary election are already looking after their personal campaign interests. In equal measure, it behooves the medical profession to also look after its own interests, to the end that persons known to be inimical to sane public health measures shall be opposed by citizen candidates who are known to favor constructive measures in conservation of human health and life.

The officers of every county medical society have a special responsibility in this matter. That responsibility cannot be shifted. Lack of interest in this important matter is almost akin to disloyalty to public health and organized medicine standards. Every county medical society should have an active local committee on public policy and legislation. If it does not have such, the president and secretary of each society should jointly take on this work. The members of make-believe county committees on legislation should resign and give way to colleagues who are willing to do service.

A survey of the political situation, in relation to assembly and senate candidates, should be instituted at once and a report made at an early meeting of each county society or of its executive board. If this be done, the local situations can be clarified with far less work and worry than later on. Every member of the California Medical Association should make it his business to know who are the candidates to the assembly from the district in which he has his residence. In the future the problem with senators will be simpler, although not less important, because state senators will hereafter be limited to one for each of the larger counties instead of numbers based on proportional population, as in the past. The smaller county medical societies can therefore be of distinct and powerful service when they use their influence to elect state senators who are kindly disposed to proper public health standards. In due time, more on this important subject.

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Many Other Matters Worthy of Mention.—It would be possible to continue comment on many of the other matters which were mentioned in the reports of officers and of standing committees and in the minutes of the House of Delegates and of the Council. Space requirements for other departments of CALIFORNIA AND WESTERN MEDICINE make it impossible to make such in this issue. Should occasion arise, comment will be made on special subjects in subsequent issues. In the meantime, every member of the California Medical Association who desires to know what his colleagues, who are his elected or appointed representatives, are doing in the transaction of the business of the California Medical Associa-

tion and its county units should make an effort to look through the Del Monte session proceedings as printed in this issue. If that is done, organization work during the coming year will receive a real impetus because of the greater coöperative interest and efforts of a larger number of its members.

DR. HOLMAN OF STANFORD IS AWARDED THE SAMUEL D. GROSS PRIZE

A Middle-West Group of Nineteenth Century Physicians.—From the Ohio valley, especially from the Cincinnati and Louisville medical schools, in the early days of the nineteenth century went forth a notable group of physician teachers and leaders. Included among such were Daniel Drake, the elder and the younger Gross, Bartholow and others, who not only left a deep impress upon the medical thought of their period, but whose high standards of research and service still exert an influence on modern-day practice. Philadelphia, home of one of America's pioneer physicians—Dr. Benjamin Rush, he who was one of the signers of the Declaration of Independence by the Colonies—still honors the memory of Samuel D. Gross by a prize which is awarded every five years through the Philadelphia Academy of Surgery for

"the best original essay, not exceeding one hundred and fifty printed pages, octavo, in length, illustrative of some subject in surgical pathology or surgical practice founded upon original investigations, the candidates for the prize to be American citizens."

"It is expressly stipulated that the competitor who receives the prize shall publish his essay in book form, and that he shall deposit one copy of the work in the Samuel D. Gross Library of the Philadelphia Academy of Surgery, and that on the title page it shall be stated that to the essay was awarded the Samuel D. Gross Prize of the Philadelphia Academy of Surgery."

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Doctor Holman's Essay on "Abnormal Arteriovenous Communications."—Californians may be proud in the knowledge that the 1930 award of the Samuel D. Gross Prize of \$1500 was awarded to a California Medical Association colleague—Dr. Emile Holman, whose work in the Stanford University Hospital has long been well known in this state. Doctor Holman's essay was entitled "Abnormal Arteriovenous Communications." It deals with the effects upon circulation of the blood of unusual openings between the large arteries and veins produced by gunshot wounds, knife thrusts, and congenital abnormalities of development.

CALIFORNIA AND WESTERN MEDICINE takes pleasure in calling attention to this recently announced award. On behalf of his colleagues in California, CALIFORNIA AND WESTERN MEDICINE extends congratulations to Doctor Holman on this honor which he has brought to himself and to the medical profession of the Golden State. May his good example be emulated by others so that, in the passing of the years, the record of California in research studies may be such as to compare

favorably with that of other states and countries; and also be of the kind one has a right to expect from the physicians of a commonwealth where the joy of living and service is cast in as exceptional surroundings as exist in California.

Cerebrospinal Meningitis.—In the one hundred and twenty-three years since cerebrospinal meningitis first swept "like a flood of mighty waters, bringing along with it the horrors of a most dreadful plague" into the little town of Goshen, Connecticut, where Dr. Elisha North was in practice, many observers have noted the variable death rate of the disease. In reading North's book, "A Treatise on a Malignant Epidemic, Commonly Called Spotted Fever, etc.," New York, 1811, which was the first publication on cerebrospinal meningitis, we are astounded at the success with which this Connecticut doctor attended his patients, for out of about two hundred he lost only two. This record set by North has never been surpassed, and certainly today a physician whose mortality rate is under 50 per cent considers himself a most successful practitioner. In a series of cases treated at one of our metropolitan hospitals in the last few years, the death rate was about that figure. Prior to the introduction of serum the mortality rates in the country, as a whole, were about 75 per cent, and during the World War it was not uncommon for a physician to lose one-half of his patients when the disease broke out in an Army camp or hospital. On the other hand, during certain epidemics the mortality has been remarkably low, and we presume that this must have been the case during the Connecticut epidemic of 1807-1811 described so vividly by North. That there is such a wide variation in the mortality of patients with this disease is one of the outstanding features of its epidemiology.—*The New England Journal of Medicine*, April 10, 1930.

State Fund's New Method of Paying Dividends.—

1. Since the doors of the State Compensation Insurance Fund were opened on January 2, 1914, the large sum of over \$17,500,000 has been returned in the form of dividends to employers in California. This is one of the main reasons why employers patronize the State Fund in increasing numbers. While the rates charged for compensation coverage have to be the same as the charges of the private companies, under the law, the cost of administering the State Fund is low and this enables the returns to be made to California's employers. Incidentally, the premiums received pay all costs, and the state treasury does not contribute money to the Fund's upkeep.

2. There are employers who fail to recognize the truth that they are important factors in setting the compensation premiums. The latter are based on the industrial deaths and injuries. The reductions in accidents to workers mean lower premiums. Those industries with comparatively few injuries pay low premiums. There is need to emphasize this truism, because it shows the financial values in preventing accidents, and the lower the premium the smaller the cost that has to be charged to consumers.

3. The dividends now payable to employers by the State Compensation Insurance Fund will be distributed on the basis of accident experience. This will give an added impetus to safety activities, because the loss ratio of policyholders will be taken into consideration. This new plan gives a larger reward to those employers who have helped produce the surplus earnings out of which dividends are paid.—*California Department of Industrial Relations. Report to Governor's Council.*